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FILED JAN 2 9 1958 STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER										0				
L	Registration District No													
1. PLACE OF DEATH							2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before							
Juckson							a STATE Missouri b. COUNTY Jackson							
OR T							c. CITY OR Postorm				Inside Limits			
TOWN Ray COME														
	HUSPITAL	OR	_				10220 8 6124							
		· · · · · · · · · · · · · · · · · · ·	First JOHN		Middle L.		Last		4. DATE Month		Day Year			
							EVANS		OF DEATH Jan. 2					
5.		- T		7. MARK	IED 🔀 NE	VER MARRIED		220	9. AGE (In years last hirthday)					
						DIVORCED	•							
100	during most of t	porking life, ever	king (ise, even is retired)				11. BIRTHPLACE (City		• 1					
13. FATHER'S NAME							14. MOTHER'S MAIDEN NAME							
L							Rose Whitig							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)														
PART I, DEATH WAS CAUSED BY: PART I, DEATH WAS CAUSED BY: OR MATTER ALL DEATH WAS CAUSED BY:									40	ONSET AND DEATH				
IMMEDIATE CAUSE (a) COMMING THE THE ASSESSMENT ASSESSME														
			E ТО (b) _	Şı	nili	ty								
	above ca stating th	use (a), e under-	:= == (·)			. /								
Š.		100 (1100.)		CONTRIBUTI	NG TO DEAT	H BUT NOT RELATE	O TO THE TERMINAL DISEAS	E CONDITION	GIVEN IN PART I(a)	19.	WAS AUTO	PSY		
5 England							4222							
TIF	20a. ACCIDENT		HOMICIDE	200. DES	CRIBE HOW	INJURY OCCURE	ED. (Enter nature of i	injury in Pa	art I or Part II of it			1		
CEF		<u> </u>	<u> </u>											
ICAL	INJURY	a. m.	Day, Year											
ME	20d. INJURY OCC	URRED	20e. PLAC	E OF INJU	RY (e. g., i	n or about home,	20/. CITY, TOWN, OF	RLOCATION	c	DUNTY	·····	STATE		
	WHILE AT	NOT WHILE	farm	, factory,	street, office	e bldg., etc.)								
	21. I attended	the deceased	trom D	42	7,195	54, 10	an. 13,195	8 and le	ast saw 🔭 aliv	o on Jain	13,19	58		
						m on the dat		to the bes	t of my knowled					
	Kenne	/////////////////////////////////////	f.lo	D.	/9 -	•	5811/1	Ima.	BO. 110	2 Ma	/-1	7-SX		
23a	BURIAL, CREMATIO	I =	, , , , ,							• •	(State)		
				1	Md.		<u> </u>		<u> </u>		<u> </u>			
24.					ence		ATE RECD. BY LOCAL RI	EG. 20. R	CEGISTRAR'S SIGNA	SIA.	ai			
							nent on Reverse Sid	برساسي	X	*>	7			
	3. 55. 10% 13. 15.(V.	1. PLACE OF DE a. COUNTY b. CITY (If out OR TOWN c. FULL NAME HOSPITAL INSTITUTIO 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPAT during most of t Retired 13. FATHER'S NAME Jack EV 15. WAS DECEASED E (Yes, no. or unknown) 100 18. CAUSE OF E PART I. D Condition which gat above ca stating th tying cal PART II. O Condition White par above (Yes, no. or unknown) 100 120a. ACCIDENT 21. I attended Death occi 22a. SIGNATUR 23a. BURIAL REMATUR 23a. BURIAL REMATUR 23a. BURIAL Specif BUIT 1 81 24. FUNERAL DIRECTO	I. PLACE OF DEATH a. COUNTY Jackso b. CITY (If outside corporate OR TOWN RAYLOW) c. FULL NAME OF (If NOT IN HOSPITAL OR INSTITUTION 10229) 3. MAME OF DECASED (Type or print) 5. SEX 6. COLOR OF White Of White Of Male White Of White Of Maring most of working life, even Retired Engineers 13. FATHER'S NAME Jack Evans 15. WAS DECEASED EVER IN U. S. ARI (Yes, no, or unknown) (If yes, vive war no no not not not not not not not not n	1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give OR TOWN Raytown c. FULL NAME OF (If NOT in hospital, HOSPITAL OR INSTITUTION 10229 E. 6 3. NAME OF DECEASED (Type or print) 5. SEX U. 6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer 13. FATHER'S NAME Jack Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yea, no, or unknown) (If yea, give war or dates of see IND) 18. CAUSE OF DEATH (Enter only one cause (a), stating the underlying cause (a), stating the underlying cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (INDURY a. m. p. m. 20a. ACCIDENT SUICIDE HOMICIDE (AT WORK) 21. I attended the deceased from Death occurred at INDURY AT WORK 22a. SIGNATURE 23a. BURINAL CREMATION. BUITAL 23a. BURINAL CREMATION. BUITAL 23a. BURINAL CREMATION. BUITAL 23a. BURINAL CREMATION. BUITAL 23a. FUNERAL DIRECTOR AD 24. FUNERAL DIRECTOR	Registration District N 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNS) OR RAYLOWN c. FULL NAME OF (If NOT in hospital, give located thospital OR INSTITUTION 10229 E. 61st 3. NAME OF First DECEASED (Type or print) 5. SEX	Registration District No	Registration District No. Pr 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR RAYLOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10229 E. 61st 5 mos. 3. MAME OF (Type or print) 5. SEX V6. COLOR OR RACE Male White Widowed TOWN RAYLOWN I. 5. SEX V6. COLOR OR RACE Male White Widowed TOWN RAYLOW TOWN L. S. SEX V6. COLOR OR RACE Male White Widowed Town Divorced IO. KIND OF BUSINESS OR INDUSTRY WIDOWED DIVORCED IN KIND OF BUSINESS OR INDUSTRY K. C. Club II. II. CAUSE OF DEATH [Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gare rise (a), stating the underlying cause last. (b), stating the underlying cause last. (b), stating the underlying cause last. (b) ADDITIONAL STATES OF HOMICIDE 20a. ACCIDENT SUICDE TOWN HOMELATE 20d. INJURY OCCURRED WHILE AT MORK AT WORK 21. I attended the deceased from ATMINITY of the part of the course of th	STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. District No. Primary Registration District No. Distri	Registration District No	FILED JAN 2 9 1958 Registration District No. Primary Registration District No. 2.3.7 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR RAYLOWN C. FULL MAME OF (If NOT in heapital, give location) LOSY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN RaytoWn C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If NOT in heapital, give location) C. FULL MAME OF (If Not in heapital, give location) C. FULL MAME OF (If Not in heapital, give location) C. FULL MAME OF (If Not in heapital, give location) C. FULL MAME OF (If Not in heapital, give location) C. FULL MAME OF (If Not in heapital, give location) C. COLOR OR RACE MAIL S. SEX MAIL 10. STREET MAIL L. STREET MAIL C. CITY C. OOR C. STREET MAIL C. CITY C. OOR C. ANDRESS 100. DEL ON COUNTY C. OOR C. STREET MAIL C. CITY C. OOR C. STREET MAIL C. CITY C. OOR C. ANDRESS 100. DEL ON COUNTY C. OOR C. STREET MAIL C. CITY MAIL C. CITY C. OOR C. STREET MAIL C. CITY C. OOR C. STREET MAIL C. CITY MISSOUTI C. CITY C. OOR C. STREET MISSOUTI C. CITY MISSOUTI C. CIT	STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Registration District No. Registration District No. Registration District No. State File House Registration District No. State Missouri Registration District No. State Missouri Registration District No. COUNTY Jack On COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits On Raytown County Jack On Raytown Town Raytown Town Raytown Town Raytown Raytown Town Raytown Raytown Raytown Town	FILED JAN 2 9 1958 STANDARD CERTIFICATE OF DEATH Registrotion District No.		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	led on the reverse side of this certificate was
by me, or by	, Student Embalmer No
working under my personal supervision	.60

 Milibson)

P. O. Address Mep.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. . . .